

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GUSTAVE WILSON, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

ROY A. TERRY, M.D., Long Beach

V. A. ROSSITER, D.D.S., Santa Ana

WALTER M. DICKIE, M.D., Sacramento

Executive Officer

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets UNDERHILL 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVII, No. 31

August 27, 1938

GUY P. JONES
EDITOR

*Public Health in California—1937-1938**

W. M. DICKIE, M.D., Director California State Department of Public Health

Since the last meeting of this organization public health conditions, in so far as communicable disease control is concerned, have reflected great credit upon local health authorities. Diphtheria and typhoid fever were lower in prevalence, last year, than at any time in the history of the state. Animal rabies was more prevalent than for many years and there were no less than three human deaths from this disease. The St. Louis type of epidemic encephalitis appeared in California—the first time that it has been encountered west of the continental divide. More than 100 cases, 40 per cent of which were in the younger age groups, were investigated by the California State Department of Public Health. No other major outbreaks of communicable diseases were reported.

Migratory agricultural laborers in the San Joaquin Valley, particularly, caused considerable concern to many governmental agencies and unofficial organizations, as well. Typhoid fever and smallpox appeared among these laborers but through the intervention of local officers, assisted by state employees, all outbreaks of these diseases were brought under control and many thousands of workers were immunized.

Plague was demonstrated in rodents and in fleas taken from a wide variety of rodents during the past year. There seems to be no specific geographical area

to which plague infection is confined. It is encountered at high elevations and at sea level, in the northern as well as southern areas of the Pacific slope. There are many seemingly paradoxical findings in rodent plague which will be discussed by Dr. Meyer in his paper to be presented this morning. No human cases of the disease have occurred in California since our meeting of last year.

The development and growth of the program for the control of venereal diseases is an outstanding feature in the progress of public health. Some of the most conspicuous accomplishments are indicated in the following facts:

(1) Efficiency in reporting cases of venereal disease has improved greatly. There was an increase of 44 per cent in 1937 and during the first half of 1938 there is an indicated increase of 50 per cent over 1936. In February of 1937, the month that the State Bureau of Venereal Diseases was reorganized, there were 889 cases of gonococcus infection reported and in June of 1938 no less than 1514 such cases were reported. Syphilis reports increased from 828 in February of 1937 to 2335 in June of 1938.

(2) During the two years ended June 30, 1938, treatments administered in cases of syphilis and gonococcus infection totaled 878,679. Of these, 329,165 were given during the first year of the biennial period and 549,514 during the second year.

* Read before the Health Officers' Section, League of California Municipalities, Santa Barbara, September 6, 1938.

(3) The number of blood tests for syphilis performed in the State Bacteriological Laboratory increased from 3416 in July of 1936 to 10,063 in June of 1938.

(4) Public health nurses employed by the Bureau of Venereal Diseases during the four months ending with June, 1938, located 69 sources of infection, 411 contacts and 1082 cases in which treatment had lapsed.

There is food for thought in the statement that if the same morbidity rate for syphilis had prevailed in California last year as prevailed in Sweden in 1934 there would have been only 457 reported cases in the state instead of 17,282 cases reported.

It is admitted, generally, that the educational campaign carried on by official, and also unofficial organizations throughout the United States has accomplished as much in the improvement of general health conditions as it has in the relief of tuberculosis. Since the tuberculosis campaign, originally, was based largely upon education in the rules of hygiene, it would seem that the campaign for the control of syphilis, because of its greater complexity, may be productive of more extensive results in providing the general public with exact scientific information relative to the major infectious diseases, their modes of treatment and methods of control. The individual who acquires specific information relative to the infectiousness of syphilis is likely to acquire reliable information relative to the communicability and control of most other infectious diseases. If successful, such a campaign will go far toward the establishment and maintenance of confidence in all public health procedures.

Also, the attitude of the health officer toward the venereal disease campaign may have a very direct bearing upon the success of all other activities that may be conducted by his department. The public relations program must, of necessity, vary according to the status of public opinion in the various local communities. Nevertheless, a definite stand in matters related to the control of venereal diseases must be taken by every health officer. Full support should be given to the program everywhere.

At the present time no less than 81½ per cent of the population of California is under the administration of whole-time public health service. Twenty-four counties (including San Francisco City and County) and ten municipalities have public health departments whose employees devote their whole time to the duties of their respective offices. Since the last meeting of the Health Officers' Section the Fresno City Health Department has been reorganized upon a whole-time basis and the counties of Solano, Sonoma

and Tulare have joined the ranks of those employing whole-time county health units.

Any review of public health in California during the past year must, of necessity, give recognition to new demands for service that have led to the alteration or expansion of old programs and the development of new procedures in public health administration. There has come a general growth in those services that are not directly concerned with the control of communicable diseases. To be sure, there has been no gap in the practice of procedures for immunization against smallpox and diphtheria, which must always be regarded as standard in any official public health program. The low incidence of these and other diseases indicates that local health officers throughout most of the state have not neglected their activities in the prevention and control of communicable diseases.

There is a marked tendency, however, to regard the human being as a social unit in the structure of government rather than as a group of cells under control of biological laws. Of course, those factors that have to do with heredity, physical growth, resistance to disease and immunity are still existent. There has come no sudden biological transformation in the human being but he has become regarded today, more than ever before, as a patient rather than as a case.

Services that have heretofore been denied to a large proportion of citizens are now readily available. More intensive and incessant demands, in fact, may extend our public health program into new fields, such as control of cancer and other chronic diseases through treatment, more effective and more extensive education in healthful living, broad social services and activities that may even be undreamed in the light of our present knowledge.

FOOD POISONING

An outbreak in a summer camp in Tuolumne County involving about 65 out of 80 people was investigated by the Bureau of Epidemiology. During the night of July 16 the outbreak started and within a few hours three-fourths of the camp was suffering attacks of nausea, vomiting and abdominal cramps. The food left over from the evening meal was sent to the Hooper Foundation for examination. The day had been the hottest so far this season. The only suspicious food product eaten was creamed potatoes. Advice as to proper care of food products during hot weather was given.

REGULATIONS GOVERNING CREAM CUSTARD FILLING

At this season of the year cases of food poisoning occur quite commonly. Most such cases are due to contamination by infectious organisms which develop under improper storage conditions. It is of great importance that all cream custard bakery products be kept under refrigeration at this season of the year when high temperatures prevail throughout most of the states, in order to protect the general public against food poisoning of this type.

The California State Board of Public Health adopted the following regulations which are enforced by local health officers:

REGULATIONS

For the Protection of the Public Against Food Poisoning from Contaminated Cream Custard Fillings

The following regulations were adopted by the California State Board of Public Health, April 20, 1935:

Whereas, poisoning with the toxins of staphylococci present in foods is becoming more common and the protection of the public health requires that products subject to such contamination be prepared with due regard to the prevention of such accidents; therefore, be it resolved:

1. All commercially prepared custards or cream fillings of pastries shall be made under conditions of cleanliness involving all stages of manufacture.
2. Only efficiently pasteurized milk may be used.
3. The temperature and time of heating the mix shall be as a minimum, the equivalent of a temperature of 140 degrees F. for a period of one hour; provided, however, that other temperatures and times may be used when specifically approved by the Director of Public Health.
4. Upon completion of the cooking of the custard, it shall immediately be transferred into previously sterilized containers, properly covered, and chilled without delay to 50 degrees F.
5. Custards must be kept in the cooling room until used in making pastries.
6. The filling apparatus which shall be wholly of metal, shall be cleaned with hot water and sterilized brushes or with a jet of live steam under pressure. No cloth filling bags may be used.
7. Before use, filling apparatus shall be sterilized by either boiling for ten minutes, or steaming in a steam sterilizer for one hour.
8. No pastries containing cream filling shall be displayed in windows or showcases, except those that are chilled to a maximum of 50 degrees F.
9. Pastries containing custard cream filling shall

not be sold from wagons, from door to door, except such wagons be equipped with a refrigerated compartment maintaining a maximum temperature of 50 degrees F.; provided, however, that pastries may be delivered from manufacturers to retail dealers or consumers by special trip with no stop between without continuous refrigeration when it is possible to complete such delivery within two hours elapsed time.

NEW MEASURING ROD FOR COMMUNITY HEALTH SERVICES

The American Public Health Association has issued a new appraisal form for local health work which is of great use as a measuring rod for community health services.

By means of a carefully arranged survey schedule the principal health problems of the community are defined. Heretofore, separate schedules for urban and rural work have been issued by the association. Such great advances have occurred in rural health practice, however, that the plan developed for the issuance of separate schedules for the measurement of urban and rural health service only tends to emphasize the differences in practice which are disappearing rapidly.

The new form is divided into three major sections: first, a survey schedule for studying a community's health facilities; second, a schedule for appraising local health activities and, third, a list of significant health indices. The form is useful in any community where an evaluation of public health services may be desired.

FOOD PRODUCTS DESTROYED

Among food products destroyed because of their unfitness for human consumption were several thousand gallons of substandard wine, almost 6000 bottles of an alcoholic beverage, more than 1000 cases of beer, almost 70,000 pounds of beans and large quantities of egg products and prunes. None of these were destroyed until every effort had been made to salvage them.

ASPARAGUS SEASON ENDS

The commercial canning of asparagus in the state, which began during April, was completed at all plants by July first. The total pack was short of the estimate and considerable less than that of 1937. The quality of the pack this year was very good. The percentage of all green asparagus packed this year, as compared with white asparagus, was greater than last year.

MORBIDITY

Complete Reports for Following Diseases for Week Ending August 20, 1938

Chickenpox

36 cases: Alameda County 1, Alameda 1, Albany 1, Berkeley 1, Oakland 2, Contra Costa County 1, Los Angeles County 10, Burbank 1, Long Beach 2, Los Angeles 2, Santa Monica 1, Lynwood 1, Maywood 1, Napa 1, Anaheim 1, San Diego 1, San Francisco 3, Stockton 1, Santa Barbara 1, Visalia 1, Ventura County 2.

Diphtheria

19 cases: Kern County 1, Los Angeles County 2, Los Angeles 10, Pomona 1, Orange County 1, San Diego County 1, Stockton 1, Santa Clara County 1, San Diego 1.

German Measles

7 cases: Alameda 1, Berkeley 1, Oakland 1, Los Angeles 1, San Gabriel 1, Riverside County 1, San Diego County 1.

Influenza

10 cases: Berkeley 1, Oakland 1, Glendale 1, Long Beach 1, Los Angeles 2, Whittier 1, South Gate 1, San Diego County 2.

Malaria

16 cases: Gridley 3, Kings County 4, Solano County 1, Stanislaus County 1, Sutter County 2, Tulare County 3, Winters 1, Woodland 1.

Measles

142 cases: Alameda County 1, Berkeley 1, Oakland 6, Fresno County 2, Kern County 1, Bakersfield 1, Los Angeles County 8, Glendale 1, Inglewood 1, Long Beach 5, Los Angeles 14, Manhattan 1, Pasadena 4, Pomona 1, Redondo 1, Monterey County 2, Orange County 2, Fullerton 1, Santa Ana 5, Roseville 1, Corona 3, Sacramento 5, San Diego County 6, Coronado 2, Oceanside 5, San Diego 14, San Francisco 8, San Joaquin County 5, Lodi 1, San Luis Obispo County 1, San Luis Obispo 1, Daly City 1, Santa Barbara 1, San Jose 11, Sonoma County 1, Modesto 5, Tehama County 6, Red Bluff 3, Oxnard 1, Ventura 2, Woodland 1.

Mumps

103 cases: Alameda County 7, Alameda 1, Albany 1, Berkeley 6, Oakland 15, Fresno County 1, Kern County 5, Los Angeles County 3, Beverly Hills 1, Long Beach 1, Los Angeles 12, Manhattan 1, Montebello 1, Santa Monica 2, South Pasadena 1, South Gate 1, Orange County 1, Santa Ana 2, Roseville 3, Corona 3, Sacramento 3, San Bernardino County 1, San Diego County 1, Coronado 2, San Diego 1, San Francisco 13, Stockton 3, San Luis Obispo 1, Burlingame 1, Santa Barbara 3, San Jose 4, Solano County 1, Vacaville 1, Stanislaus County 2, Tulare County 1, Dinuba 1, Ventura County 1.

Pneumonia (Lobar)

18 cases: Los Angeles County 1, Los Angeles 7, Santa Monica 1, Ross 1, Santa Ana 1, San Bernardino 1, San Diego 1, San Francisco 5.

Scarlet Fever

58 cases: Oakland 1, Amador County 1, Fresno County 5, Kern County 1, Bakersfield 1, Kings County 2, Los Angeles County 8, Glendale 1, Huntington Park 1, Long Beach 1, Los Angeles 20, Pomona 1, Gardena 1, Orange County 1, Roseville 1, Riverside County 1, Sacramento 2, San Bernardino County 1, San Mateo County 1, Santa Barbara 1, Santa Clara County 1, San Jose 1, Solano County 1, Sutter County 1, Tulare County 1, California 1.*

Smallpox

3 cases: Los Angeles 2, Stockton 1.

Typhoid Fever

11 cases: Kern County 2, Los Angeles 1, Madera County 1, Madera 1, San Rafael 1, Sacramento 1, California 4.*

Whooping Cough

185 cases: Alameda County 9, Albany 2, Berkeley 2, Oakland 4, Fresno County 1, Fresno 2, Sanger 3, Kern County 1, Los Angeles County 20, Culver City 2, Inglewood 1, Long Beach 3, Los Angeles 26, Manhattan 2, Pasadena 6, South Gate 3, King City 2, Orange County 5, Anaheim 1, Santa Ana 8, Laguna Beach 1, Corona 20, San Diego County 4, Escondido 2, National City 1, Oceanside 5, San Diego 5, San Francisco 14, San Joaquin County 5, Lodi 1, San Mateo County 1, San Bruno 1, Lompoc 2, Santa Barbara 6, Santa Clara County 1, Palo Alto 1, Santa Cruz County 2, Stanislaus County 3, Oxnard 2, Ojai 1, Yolo County 1, Winters 3.

Meningitis (Epidemic)

4 cases: Madera County 1, Mendocino County 1, Napa 1, San Bernardino County 1.

*Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Dysentery (Amoebic)

3 cases: Los Angeles 1, San Francisco 2.

Dysentery (Bacillary)

5 cases: Los Angeles 1, Tulare County 4.

Leprosy

One case: California.*

Pollomyelitis

11 cases: Kern County 10, San Francisco 1.

Trachoma

One case: Stanislaus County.

Encephalitis (Epidemic)

One case: Fresno County.

Paratyphoid Fever

2 cases: Tulare County.

Trichinosis

One case: Los Angeles.

Typhus Fever

One case: Chula Vista.

Food Poisoning

One case: Long Beach.

Undulant Fever

6 cases: Los Angeles County 3, Compton 1, Glendale 1, Montebello 1.

Coccidioides Granuloma

4 cases: Kern County 2, Tulare County 1, Woodland 1.

Septic Sore Throat

4 cases: Corona 1, Santa Clara County 1, San Jose 2.

Relapsing Fever

2 cases: San Bernardino County.

Rabies (Animal)

39 cases: Fresno County 1, Los Angeles County 2, Los Angeles 5, Hollister 1, San Bernardino County 1, San Joaquin County 6, Lodi 1, Santa Clara County 12, Gilroy 2, Mountain View 1, San Jose 2, Santa Clara 1, Stanislaus County 3, Modesto 1.

"May I suggest, with respect to health education, that until we can establish some of our teaching on a more sound scientific foundation, we give a little less emphasis to personal hygiene habits—especially in our schools, teach the individual the importance of personal immunization, early medical care and diagnosis in illness, and impress upon him the value of community-wide environmental sanitation measures. We also need another kind of health education—what I call 'political' education—acquainting the public with what the health department can do, what its objectives are and what its achievements have been. This aspect of our health education program has been sadly neglected in many sections of the country in the past. There is urgent need for teaching these things—interpreting health needs and the health program to the 'man on the street,' and the woman in the home."—Dr. C. E. Waller, U. S. P. H. S